

**Deep Tillage Checkout and Certification**

Cooperator:	Field Office:	
Plan No.:	Location:	
Checkout By:	Title:	Date:

<b>Purpose of Practice:</b>
Bury or mix soil deposits from wind or water erosion or flood overwash
Fracture restrictive soil layers

Site/Tillage Specifics	Field #	Field #	Field #	Field #
Measured acres:				
Soil Texture:				
Map Unit Slope:				
Soil Moisture: (% Field Capacity)				
Restrictive Layer Depth				
Soil Deposit Depth				
Utilities notified				
Equipment to use/Depth:				
Row Spacing:				
Date/Time of tillage:				
Additional requirements for site preparation and additional installation information				

Planned Certification

Date:

**Document actual practice completion***\*Attach diagram or map indicating completion of Deep Tillage.*

Completion/Certification	Field #	Field #	Field #	Field #
Measured Acres:				
Tillage Equipment Used/ # passes				
Depth of tillage				
Date of tillage				
Other information				

*I certify that this practice has been carried out as documented and meets standards and specifications.*

Signature:

Date